

APPLICATION FOR REVIEW

-Complete all pages-

NOTE: Personal information you provide may be used for secondary purposes [Privacy Law s. 15.04(1)(m), Stats.]

PUBLIC SWIMMING POOLS

Safety & Buildings Division
 201 W Washington Ave
 53703
 PO Box 7162
 Madison, WI 53707-7162

Phone: 608-266-3151
 Fax: 877-840-9172
 TTY: Contact Through Relay
 Email: planschedule@commerce.state.wi.us

This page may be utilized for fax appointments
 Complete and indicate date plans will be in our office _____

| | | |
|---|--|---|
| <p>1. Total Number of Recirculation Systems in this submittal Complete all information on Page 2 for each Recirculation System. Use additional pages if necessary.</p> <p>If your submittal includes a slide(s), Check all that apply</p> <p>FUNCTIONAL REVIEW(S)</p> <p><input type="checkbox"/> The slide(s) in this submittal are served by a new pool/recirculation system. By completing information on Page 2, no other information is required for these slide</p> <p><input type="checkbox"/> The slide(s) in this submittal are for a runout, water, pool or drop slide over 4' in height and are served by an existing pool/recirculation system (# of slides _____) Complete all information in item 7, Page 3.</p> <p>STRUCTURAL REVIEW</p> <p><input type="checkbox"/> This submittal is for a Structural Review of runout, water, pool or drop slide(s) over 6' in height that requires a separate review and application form with 4 separate plan sets. This submittal is independent of the water attraction/pool review and will be scheduled in Madison or Waukesha.</p> | <p>2. Check all that apply</p> <p><input type="checkbox"/> New</p> <p><input type="checkbox"/> Revision*(to previously app plan-before insp)</p> <p><input type="checkbox"/> Graeme Baker modification only (send to Holmen office only#) – plans may be faxed in – see S&B pool website.</p> <p><input type="checkbox"/> Modification*</p> <p><input type="checkbox"/> No Open Swim or Lessons Permitted</p> <p><input type="checkbox"/> Open Swim or Lessons Permitted</p> <p>*Indicate what was revised or modified on the plan #Safety & Buildings, 3824 Creekside Ln, Holmen WI 54636</p> | <p style="text-align: right;">Complete for <u>confirmed</u> appointments:</p> <p>Transaction ID: _____</p> <p>Previous Related Trans. ID: _____</p> <p>Review Start Date*: _____</p> <p>Assigned Reviewer: _____</p> <p>Assigned Office: _____</p> <p>*Plans <u>must be received</u> in the office of the appointment no later than <u>2 working days before the confirmed appointment</u></p> <p>Per Comm 90.04 minimum 4, maximum 5 properly signed plans must be submitted along with all required information as outlined in 90.04 (4). For plan status checks, see our website at http://www.commerce.state.wi.us/SB/SB-DivReviewStatusSearch.html.</p> |
| <p>3a. Project Information – Fill in all known information</p> <p>Project/Site Name _____</p> <p>Number & Street _____</p> <p>Legal Description _____</p> <p>County _____ City () Village () Town () _____</p> | | |
| <p>3b. Tenant Name or Building Designation : Example: West Mall/Jim's Shoes, Bldg #1</p> <p>_____</p> <p>Tenant or Building Address _____ Zip Code _____</p> | | |
| <p>4. After plans are reviewed, please: (check all that apply)</p> <p><input type="checkbox"/> Notify customer 1, 2, 3 (circle one)* <input type="checkbox"/> Mail plans to customer 1, 2, 3 (circle one)*</p> <p><input type="checkbox"/> Hold plans for pickup *Refers to customer number from below</p> | | |
| <p>5. Complete the following designer/owner information. When completing customer 1, indicate if designer is the supervising professional per Comm 90.04 (5).</p> | | |
| <p>Designer Information-Individual who Stamped Plans (Customer 1)</p> <p>First Name _____ Last Name _____ Commerce Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip + 4 (9 digits) _____</p> <p>(Area Code) Phone Number _____ Fax Number _____ email address _____</p> <p><input type="checkbox"/> Check if Designer is Supervising Professional – See Page 3 for signature</p> | <p>Other/Contact Person (Customer 3)</p> <p>First Name _____ Last Name _____ Commerce Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip + 4 (9 digits) _____</p> <p>(Area Code) Phone Number _____ Fax Number _____ email address _____</p> | |
| <p>Owner Information (Customer 2)</p> <p>First Name _____ Last Name _____ Commerce Customer Number _____</p> <p>Company Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip + 4 (9 digits) _____</p> <p>(Area Code) Phone Number _____ Fax Number _____ email address _____</p> | <p>Make checks payable to the Department of Commerce.</p> <p>Attach check here.</p> <p style="text-align: right;">Total Amount Due \$ _____</p> <p style="text-align: right;">Revenue Code 7650</p> | |

SBD-9808 (R. 04/09)

For the most current application, see our website at www.commerce.wi.gov

Recirculation System # _____

() Swimming Pool

- () Swimming, skimmer
 () Swimming, gutter
 () Diving, skimmer
 () Diving, gutter
 () Combination (swimming/diving), skimmer
 () Combination (swimming/diving), gutter

() Wading, skimmer**() Wading, gutter****() Water Attraction**

- () Activity () Runout Slides
 () Vortex () Splash Pad
 () Leisure River () Vanishing Edge
 () Pad Walk () Wave
 () Plunge Area () Zero Depth

() Whirlpool**() Therapy Pool****() Warm****() Cold****() Alternate****() New () Modification****() Experimental****() New () Modification****CALCULATIONS**

| | | | | |
|---|---------|------------------------------------|-------|---|
| Pool Surface Area | sq. ft. | Perimeter | ft. | Pool Patron Load |
| Volume | cu. ft. | Volume | gals. | |
| Turnover Time | hrs. | Recirculation Rate | gpm. | |
| Recirculation Pump: Make | | Model | | gpm at ft. TDH |
| Filter: Make | | Model | | Type |
| Number of | | Surface Area per Filter in sq. ft. | | <input type="checkbox"/> NSF Approved |
| Disinfectant Feeder: Make | | Model | | <input type="checkbox"/> NSF Approved Type of Disinfectant |
| Overflow System: <input type="checkbox"/> Gutter type: Surge Tank volume in gallons | | | | |
| <input type="checkbox"/> Skimmer type: Make Model Number of | | | | |
| Inlets: Make | | Model | | <input type="checkbox"/> Directional <input type="checkbox"/> Adjustable <input type="checkbox"/> Wall <input type="checkbox"/> Floor |
| Number of | | Orifice Diameter | | |
| Main Drains: Make | | Model | | Number of Open Area per Drain in sq. in. |

Recirculation System # _____

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|---|---------|------------------------------------|-------|---|
| Pool Surface Area | sq. ft. | Perimeter | ft. | Pool Patron Load |
| Volume | cu. ft. | Volume | gals. | |
| Turnover Time | hrs. | Recirculation Rate | gpm. | |
| Recirculation Pump: Make | | Model | | gpm at ft. TDH |
| Filter: Make | | Model | | Type |
| Number of | | Surface Area per Filter in sq. ft. | | <input type="checkbox"/> NSF Approved |
| Disinfectant Feeder: Make | | Model | | <input type="checkbox"/> NSF Approved Type of Disinfectant |
| Overflow System: <input type="checkbox"/> Gutter type: Surge Tank volume in gallons | | | | |
| <input type="checkbox"/> Skimmer type: Make Model Number of | | | | |
| Inlets: Make | | Model | | <input type="checkbox"/> Directional <input type="checkbox"/> Adjustable <input type="checkbox"/> Wall <input type="checkbox"/> Floor |
| Number of | | Orifice Diameter | | |
| Main Drains: Make | | Model | | Number of Open Area per Drain in sq. in. |

7. Complete information in this area if submitting a slide(s) using an existing pool/recirculation system. Include minimum 4, maximum 5 properly signed plans for each pool/recirculation system showing all pertinent information including the slide and associated piping and pool.

Page 3

Type of slide: ☐ runout slide ☐ water slide ☐ pool slide ☐ drop slide

| | | | | |
|-------------------|---------|--------------------|-------|------------------------------------|
| Pool Surface Area | sq. ft. | Perimeter | ft. | Surge Tank Water Volume in Gallons |
| Volume | cu. ft. | Volume | gals. | |
| Turnover Time | hrs. | Recirculation Rate | gpm. | |

Type of slide: ☐ runout slide ☐ water slide ☐ pool slide ☐ drop slide

| | | | | |
|-------------------|---------|--------------------|-------|------------------------------------|
| Pool Surface Area | sq. ft. | Perimeter | ft. | Surge Tank Water Volume in Gallons |
| Volume | cu. ft. | Volume | gals. | |
| Turnover Time | hrs. | Recirculation Rate | gpm. | |

(Attach additional sheets if submitting more than 2 slides).

8. NUMBER OF DRESSING, SHOWER AND TOILET FACILITIES

| | | | | |
|---------|---------|------------|---------|---------|
| Female: | Toilets | Lavatories | Showers | |
| Male: | Toilets | Lavatories | Showers | Urinals |
| Unisex: | Toilets | Lavatories | Showers | |

SUBMITTAL TYPE AND REQUIRED FEES:

Fee Computation

| Item Description - Indicate which pool/slide you are requesting review of and have submitted calculations for in Sections 6 and 7. | Project Not in Agent Inspection Area | Project in Agent Inspection Area* | Required Fee |
|--|--|--|--------------|
| () Public Swimming Pool, gutter type | \$1350.00 | \$900.00 | |
| () Public Swimming Pool, skimmer type | \$1125.00 | \$675.00 | |
| () Water Attractions (including Interactive Play Attractions) | \$1350.00 | \$900.00 | |
| () Public Whirlpool | \$1125.00 | \$675.00 | |
| () Modification to existing public swimming pool, water attraction, or public whirlpool | \$500.00 | \$200.00 | |
| () Revision to previously approved public swimming pool, water attraction or public whirlpool plan | \$180.00 | \$180.00 | |
| () Pool, Drop or Water Slide Functional Requirements Submitted with the Pool or Water Attraction | \$0.00 | \$0.00 | |
| () Pool, Drop or Water Slide Functional Requirements Submitted Separately | \$400.00 (Per Application Submittal) | \$180.00 (Per Application Submittal) | |
| () Slide-Structural Review of Pool, Drop or Water Slides Over 6' in Height | \$450.00 | \$450.00 | |
| () Revision/Modification to Pool, Drop or Water Slide (functional or structural) | \$180.00 Revision \$120.00 Modification | \$180.00 Revision \$120.00 Modification | |
| () Alternate or experimental design | \$1575.00 | \$1125.00 | |
| () Modification to alternate or experimental design | \$675.00 | 375.00 | |
| () Revision to previously approved alternate or experimental design | \$225.00 | \$225.00 | |

→ You must use Form #SBD-9890 for Petition for Variances

Enter total here and at bottom of page 1 _____

(Fee computation doubled for installations started without plan approval)

*Agents/Authorized Representatives for Pool Inspection (Submitter will be billed separately for inspection services).

- Cities of: Madison, Milwaukee, and Racine
- Counties of:

| | | | | | | |
|----------|-------------|------------|-----------|-----------|------------|-----------|
| Adams | Dane | Green Lake | La Crosse | Monroe | Rock | Waukesha |
| Brown | Dodge | Iowa | Lafayette | Outagamie | Sauk | Waupaca |
| Calumet | Door | Jefferson | Manitowoc | Ozaukee | Sheboygan | Waushara |
| Clark | Fond du Lac | Juneau | Marathon | Portage | Vernon | Winnebago |
| Columbia | Grant | Kenosha | Marquette | Racine | Walworth | Wood |
| Crawford | Green | Kewanee | Milwaukee | Richland | Washington | |

9. Supervising Professional Must Sign Below When Plans Are Sent in for Review

| | | |
|------------|---|------|
| Signature | Supervising Professional License Number | Date |
| Print Name | | |

If not shown on Page 1, Supervising Professional Must Complete The Following

| | | | |
|---------|--------------------------|------------|----------------|
| Address | (Area Code) Phone Number | Fax Number | E-mail Address |
| City | State | Zip +4 | |